

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St., 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD

2007 NOV -1 PM 1:23

COMMITTEE NAME (Must be same as on Statement of Organization)

GOODMAN FOR COUNCIL

IMPORTANT: Indicate by # type of committee you are reporting for: ☐ 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

MATTHEW GOODMAN

Political Party (if applicable)

Office Sought

AMES CITY COUNCIL MEMBER, AT-LARGE

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Sheryl J. Montabon

SIGNATURE OF PERSON FILING REPORT

515-292-3865

TELEPHONE

10/21/07

DATE SIGNED

I AM FILING A 5th day prior to general election (Nov. 1) REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 6, 2007

County & Local Committees, enter County in
which Election is held
Story

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

2,344.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

2,344.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,214.81

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

1,129.19

**UNPAID BILLS (From Schedule D - Attach Schedule D)

1,294.84

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

8.88

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

GOOMAN FOR COUNCIL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/29/07	ID# CK#	Melissa Murray, 2016 Friley Rd., Ames, IA 50014		\$50.00	<input type="checkbox"/>
9/29/07	ID# CK#	Carolyn Klaus, 2167 Ashmore Dr., Ames, IA 50014		50.00	<input type="checkbox"/>
9/29/07	ID# CK#	Merlin Pfannkuch, 1424 Kellogg, Ames, IA 50010		50.00	<input type="checkbox"/>
9/25/07	ID# CK#	Susan Ravenscroft, 455 Westwood Dr., Ames, IA 50014		300.00	<input type="checkbox"/>
9/23/07	ID# CK#	Mary Ann Lundy, 4316 Phoenix, Ames, IA 50014		35.00	<input type="checkbox"/>
10/04/07	ID# CK#	Sheryl Montabon, 810 Gaskill Dr., Ames, IA 50014		50.00	<input type="checkbox"/>
10/06/07	ID# CK#	Joslin Peters, 933 Gaskill Dr., Ames, IA 50014		100.00	<input type="checkbox"/>
10/04/07	ID# CK#	Shirley L. Furber, 1989 43rd Street, Fairmont, MN 56031	Mother-in-law	50.00	<input type="checkbox"/>
10/09/07	ID# CK#	Leslie Pensack, 317 S. Wilmoth Ave., Ames, IA 50014		50.00	<input type="checkbox"/>
10/09/07	ID# CK#	Anne Kimber, 3517 Oakland St., Ames, IA 50014		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 785.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

GOODMAN FOR COUNCIL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/09/07	ID# CK#	Robert Haug, 2527 Kellogg Ave., Ames, IA 50010		\$35.00	<input type="checkbox"/>
10/09/07	ID# CK#	Carol Fuchs, 806 Brookridge Ave., Ames, IA 50010		350.00	<input type="checkbox"/>
10/10/07	ID# CK#	Joseph Ripperoe, 419 Pearson Ave., Ames, IA 50014		100.00	<input type="checkbox"/>
10/10/07	ID# CK#	Gregory Vitale, 2510 Pierce Ave., Ames, IA 50010		200.00	<input type="checkbox"/>
10/11/07	ID# CK#	Rae Hawn, 812 Douglas Ave., Ames, IA 50010		50.00	<input type="checkbox"/>
10/11/07	ID# CK#	Pam Sargent, 2129 Stevenson Dr., Ames, IA 50010		50.00	<input type="checkbox"/>
10/12/07	ID# CK#	James Pritchard, 1206 Orchard Dr., Ames, IA 50010		50.00	<input type="checkbox"/>
10/13/07	ID# CK#	Mary Ann Dilla, 2024 Northwestern Ave., Ames, IA 50010		100.00	<input type="checkbox"/>
10/13/07	ID# CK#	Susan Franzen, 1216 Scott Ave., Ames, IA 50014		150.00	<input type="checkbox"/>
10/15/07	ID# CK#	Karl Friederich, 1318 Big Bluestem Ct., Ames, IA 50014		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1135.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

GOODMAN FOR COUNCIL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/16/07	ID# CK#	Robert Bourne, 724 Brookridge Ave., Ames, IA 50010		\$50.00	<input type="checkbox"/>
10/16/07	ID# CK#	Lithalinda Cannon, 1253 Orchard Ave., Ames, IA 50010		40.00	<input type="checkbox"/>
10/20/07	ID# CK#	Victoria Keinert, 3850 Hyde Ave., Ames, IA 50010		40.00	<input type="checkbox"/>
10/21/07	ID# CK#	Katherine Svcc, 603 Grand Ave., Ames, IA 50010		35.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#	unitemized contributions		259.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 424.00	
TOTAL (if last page of this schedule)				\$ 2344.00	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

GOODMAN FOR COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/10/07	ID# CK#	JET PRINT 301 Main Street, Ames, IA 50010	Printing of Brochures to be mailed	\$ 75.61
10/30/07	ID# CK#	Melissa Murray 2016 Friley Road, Ames, IA 50014	Reimbursement for postage for brochures	32.80
10/30/07	ID# CK#	Matthew Goodman 2019 Friley Rd., Ames, IA 50014	Reimbursement for Jet Print charges for brochures	103.14
10/30/07	ID# CK#	Matthew Goodman 2019 Friley Rd., Ames, IA 50014	Reimbursement for IA Sec of State charges for voter list	10.00
10/30/07	ID# CK#	Matthew Goodman 2019 Friley Rd., Ames, IA 50014	Reimbursement for Jet Print charges for brochures	23.54
10/30/07	ID# CK#	Matthew Goodman 2019 Friley Rd., Ames, IA 50014	Reimbursement for Sign Pro charges for yard signs	564.43
10/30/07	ID# CK#	Matthew Goodman 2019 Friley Rd., Ames, IA 50014	Reimbursement for Jet Print charges for brochures	92.44
10/30/07	ID# CK#	Matthew Goodman 2019 Friley Rd., Ames, IA 50014	Reimbursement for Jet Print charges for postcards	128.99
SUB-TOTAL				\$ 1030.95
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

GOODMAN FOR COUNCIL

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/30/07	ID# CK#	Matthew Goodman 2019 Friley Rd., Ames, IA 50014	Reimbursement for Target purchase of labels	\$ 89.77
10/30/07	ID# CK#	Matthew Goodman 2019 Friley Rd., Ames, IA 50014	Reimbursement for Target purchase of labels	5.13
10/30/07	ID# CK#	Matthew Goodman 2019 Friley Rd., Ames, IA 50014	Reimbursement for Jet Print charges for postcards	88.96
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 183.86
TOTAL (if last page of this schedule)				\$ 1214.81

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

GOODMAN FOR COUNCIL

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/29/07	Sigler Printing 413 Northwestern Ave. Ames, IA 50010	Postage and services to postmark postcards (estimated total)	\$ 1,240.00
10/31/07	Jet Print 301 Main Street Ames, IA 50010	Brochures	54.84
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,294.84

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 GOODMAN FOR COUNCIL

Reset Form

SCHEDULE
E
 (Rev. 06/97) IN-KIND
 CONTRIBUTIONS

☐ CHECK THIS BOX IF
 AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/10/07	JOHN KLAUS 2167 ASHMORE DR., AMES, IA 50014		Payment of bill owed to Jet Print for notecards	\$ 8.88	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 8.88	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
 (for Schedule E)